

Volunteer Application Form



Personal Details

Title _____ First Name _____ Surname _____

Address _____ Postcode _____

Tel No. _____ Email _____ Date of Birth _____

What kind of roles would you like to be involved in as a Volunteer?

Events Logistics Office Based Cow Care Team

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Do you hold a full UK driving licence? Yes No

Health

Are you in general good health? Yes No

Have you any health condition which may affect the type of work/activity carried out? Yes No

If 'Yes' please give details _____

Criminal Convictions

A) Have you ever been convicted of a criminal offence by a Court of Law (with the exception of minor motoring offences or offences committed as a juvenile under the age of 16), cautioned or bound over?

If 'No' please write 'NO CONVICTIONS' below

If 'Yes' please give details, including the offence and date below.

B) Are you awaiting prosecution for a criminal offence? (please delete as appropriate) Yes No

If 'Yes' please give details _____

Statement of Confidentiality

Both during and after I cease doing voluntary work for Break, I understand that I must not divulge to any outside body, any confidential information concerning the business of the charity, including any details of clients/families, their medical records and details of our donor base or fundraising strategy. I understand that any information provided to me by the charity is confidential unless it is freely available to the general public and/or it is freely available to members of the appropriate profession. I understand that I must not remove any document of any description nor take copies of such documentation for my personal use or for the use of a competitor or third party during or after my period as a volunteer.

Health and Safety

I understand that I have a duty under the Health and Safety at Work Act (1974) to take reasonable care to avoid injury to myself or others whilst working for Break by my acts or omissions. Break recognises it's duty to maintain safe premises, equipment and systems of work and to provide adequate training. I understand that volunteers must comply with the safety rules and standards and must report all accidents and hazards, however trivial to their supervisor. If I am in any doubt about our confidentiality or safety regulations I will consult my supervisor or a member of the professional staff.

We will contact you regarding Break and project volunteering opportunities.

If you would like to hear from Break with other news and events please tick this box

DECLARATION

I confirm that the information I have given in this application form is true and correct. I understand that any misrepresentation will invalidate my Registration and, if employed, could lead to dismissal. I am prepared to undergo a medical examination if required and confirm that, to the best of my knowledge, there are no medical reasons which would prevent me from undertaking duties of post.

Signed _____ Date _____

Next of Kin

In an emergency it may be necessary for us to contact someone on your behalf. Please provide their contact details below:

Name _____ Telephone No. _____ Mobile No. _____

For Office Use Only

Date started with Break _____ Leaving date _____ Entered on to the Volunteer Database Yes No Date _____